

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037137

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 195

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 25 1963

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Lake Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If outside, give location) Rural	
3. NAME OF DECEASED (Type or print) First JAMES Middle .. Last O'HAVER		4. DATE OF DEATH Month Sept. Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11- 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agr.	
11a. FATHER'S NAME Edward Lee O'Haver		11b. MOTHER'S MAIDEN NAME Sarah Elliott	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. Tom O'Haver, 712 E. 11..Rolla, Mo.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Degenerative Heart Disease DUE TO (b) Arteriosclerosis DUE TO (c) Gastric ulcer		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastric ulcer		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8-14 a.m. 63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rolla	
20g. COUNTY Phelps		20h. STATE Missouri	
21. I attended the deceased from 8-14-63 to 9-19-63 and last saw him alive on 9/18/63		Death occurred at 10:15A m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Paul E. Hull		22b. ADDRESS Rolla Mo	
22c. DATE SIGNED 9/20/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept. 23, 1963		23c. NAME OF CEMETERY OR CREMATORY Lake Springs Cemetery	
23d. LOCATION (City, town, or county) Lake Springs, Mo.		23e. DATE RECD. BY LOCAL REG. Sept. 20, 1963	
23f. REGISTRAR'S SIGNATURE Nadene L. Stoll		23g. BY Paul E. Hull	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS.300
Rev. 4/59
10817
2 03301
3
4 0
5 0
6
7 0
8 2
9 422.1
10
11
12 86-0
13 1-0

SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.